

Name  
in  
Full

George. Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Chesapeake

County

Kings.

MARYLAND

Date  
of death

1908

Month

March

Day

22

Years

Age 51

Months

7

Days

1

Sex

Male.

Color or  
Race

Black,

Birth-  
place

Neas Island Md

Occupation

Passer Hand

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow.

Name of Wife or  
Husband

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Kate Keeney.

How related  
to deceased

Cousin

CAUSES OF DEATH

66

Primary

Danalyses

How long

8 hours

Immediate

joy.

How long

6000 Saladoff  
Opelophilus

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Mamie Brice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Bellerton

Town

County

Kent

Date  
of death 190

Month

Day

Years

Months

Days

8 March 12

Age

38

9

Days

Sex

female

Color or  
Race

White

Birth-  
place

U. S.

Occupation

housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Thomas Brice

Father's  
Birthplace

England

Father's  
Name

John Leigh

Mother's  
Birthplace

Md.

Mother's  
Maiden Name

Cecilia Turner

How related  
to deceased

Husband

Name of person giving  
Information

Thomas Brice

CAUSES OF DEATH

27

How long

I do not know

Primary

Tuberculosis

How long

Short time

Immediate

Paralysis of the heart-

H. Lane Im lef

Are the name, age, sex, color, date  
and place correctly given above?

Yes

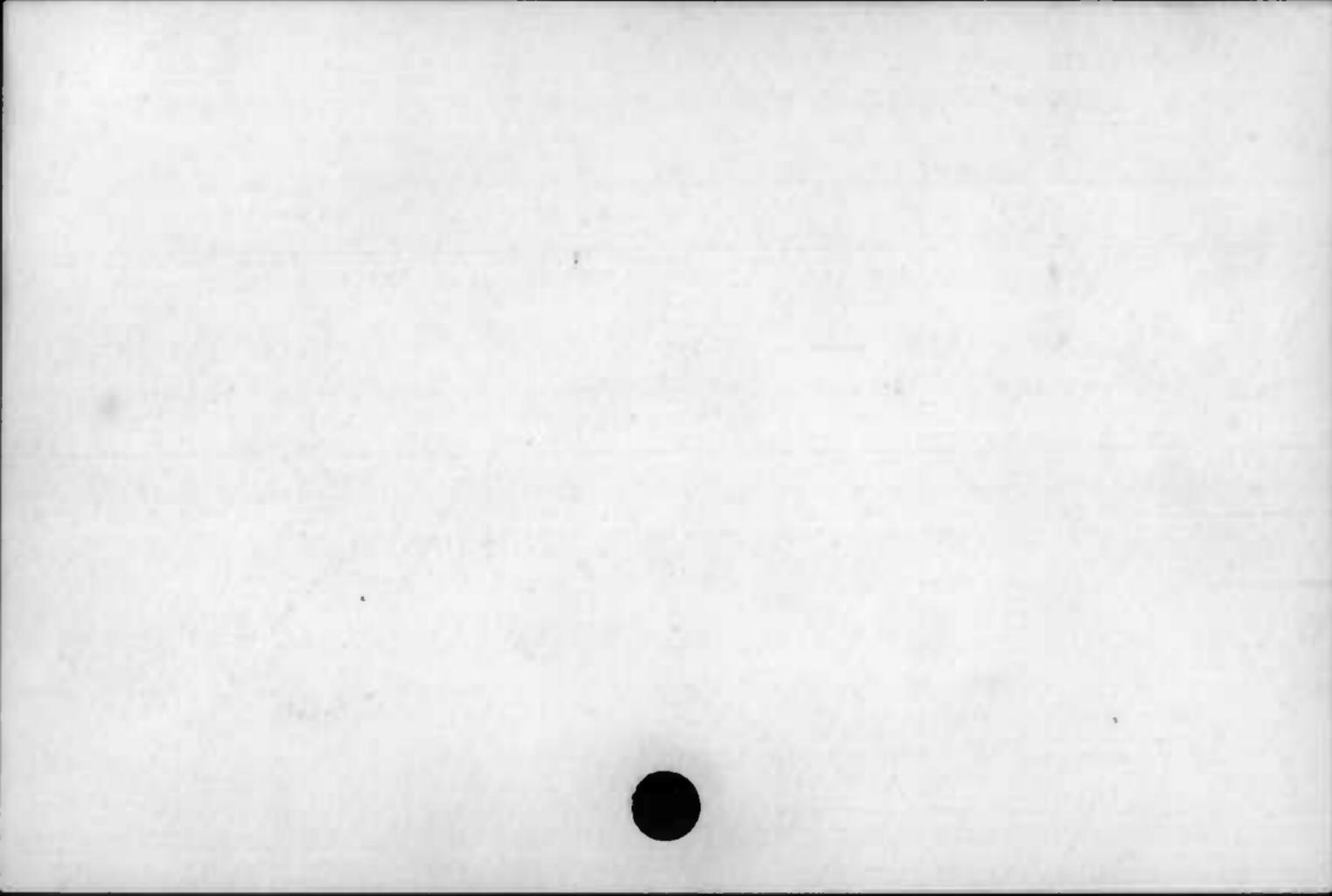
Signature of  
Physician

Address

Bellerton  
Kent Co. Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Wilbur Broadway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Chester town, Md		Kent County		MARYLAND	
Date of death	1908 March	Month	16	Day	Age	6	Years
Sex	Male	Color or Race	colored		Birth-place	Chester town	
Occupation	School-boy			Where Residing if not at place of death		Chester town	
Married, Single or Widowed	Single			Name of Wife or Husband		—	
Father's Name	John Wesley Broadway			Father's Birthplace		Chester - Pa	
Mother's Maiden Name	Laura Murray			Mother's Birthplace		Kent Co	
Name of person giving information	John Wesley Broadway			How related to deceased		Father	

## CAUSES OF DEATH

29

Primary

Fabulous Peritonitis

About 2 month

Immediate

Inanition

about 6 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

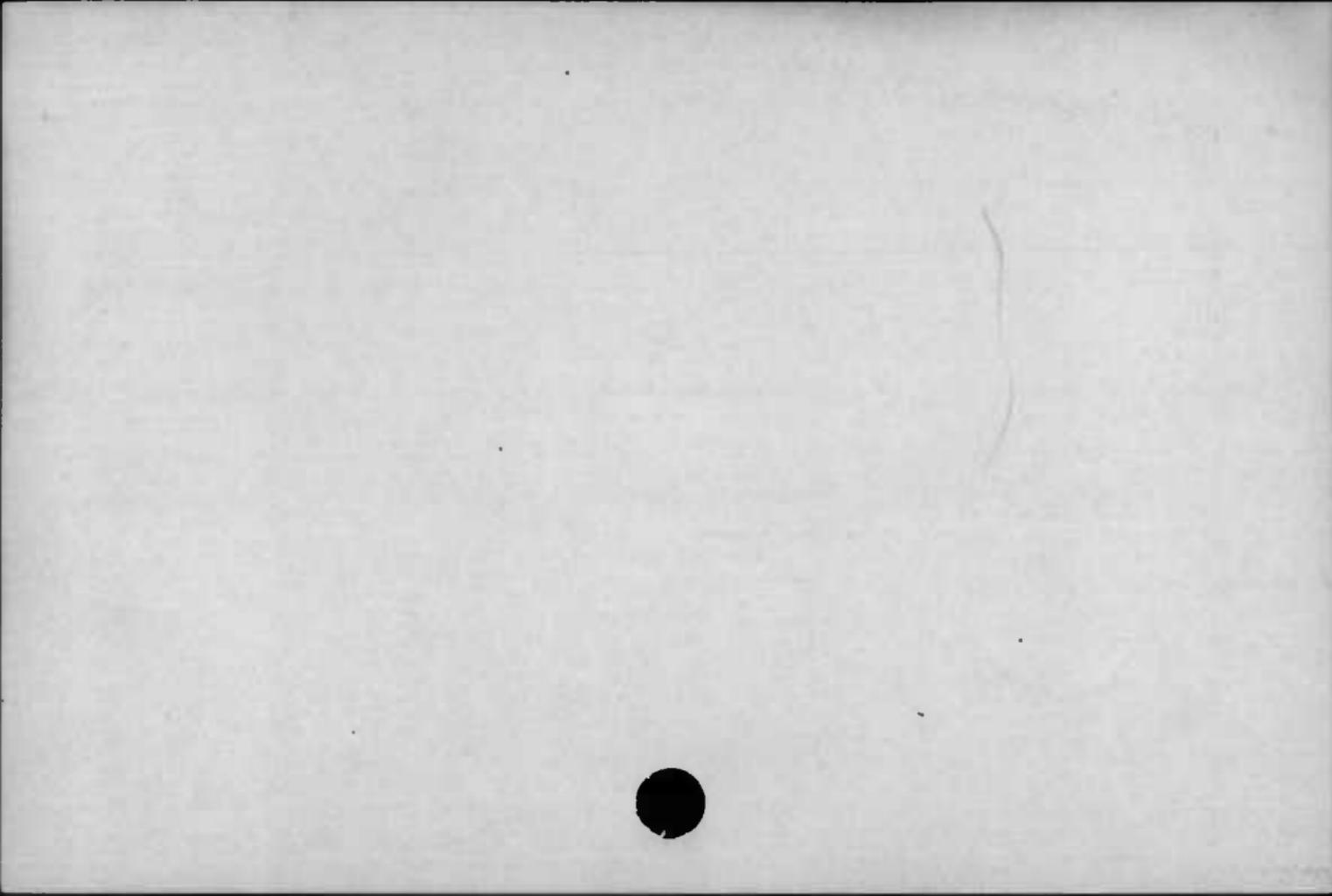
Frank B. Hines M.D.

Chester town

Md

Accident or Suicide?

no



Name  
in  
Full

Thomas Bruchac

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Worton Point	County	1 Cent	MARYLAND		
Date of death	Month	1908 Mar	Day	10	Years	70	
Sex	Male	Color or Race	Teol	Birth-place	Wd		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Elin Johnson				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Vina Maylor					Mother's Birthplace	Wd
Name of person giving information	Alec Comeys					How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cardiac disease*

79

How long

Immediate *Asthma*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

no Dr attending  
115 South Main St  
Local Board of Health  
Chestertown

Accident or Suicide?

No

St. Georges Colored  
Cemetery.  
Worton Point,  
Kent Co.  
Md.

John N. Dodd  
Undertaker.

Name  
in  
Full

Mary A Caudwalcde

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

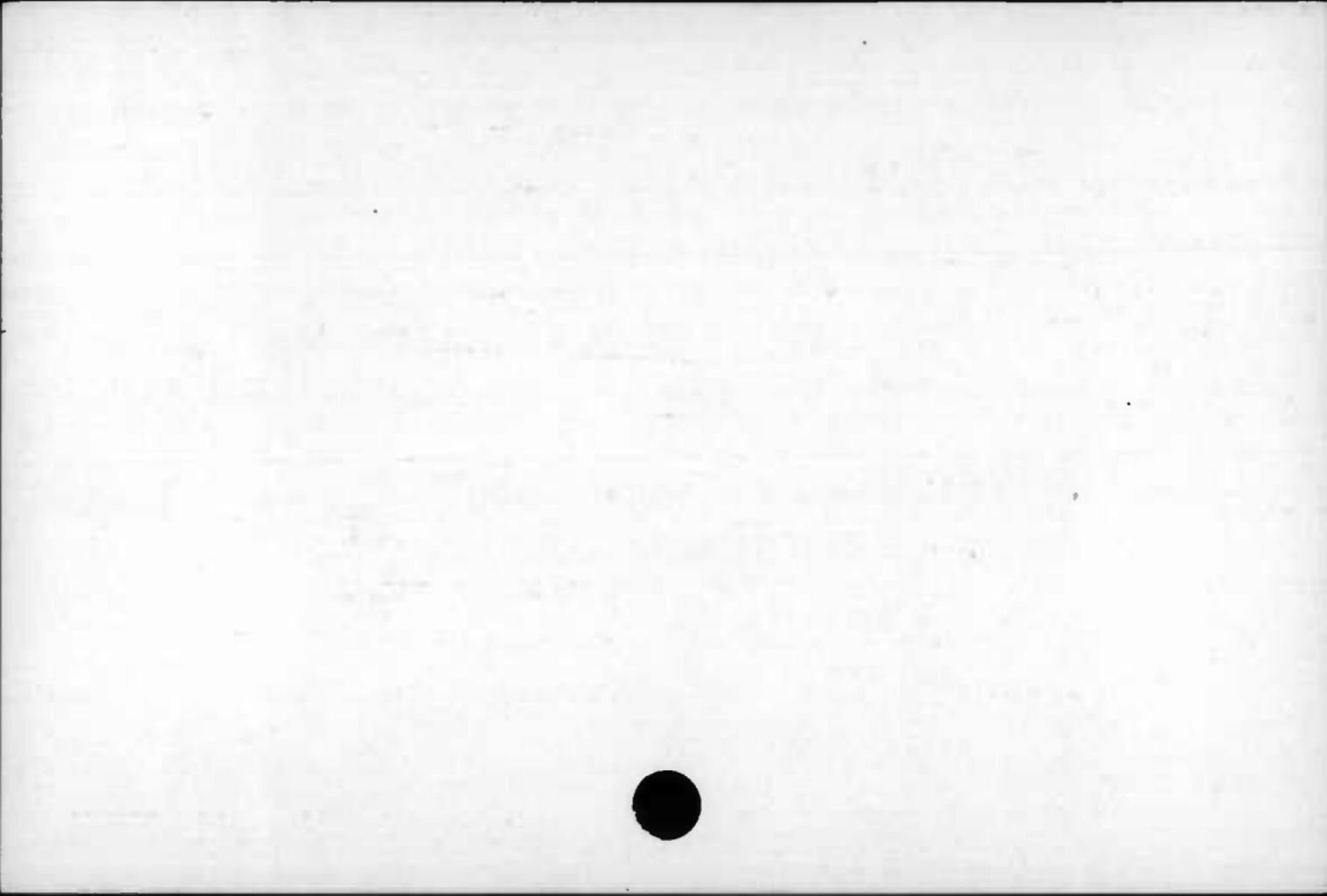
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George R Caudwalcde			
Father's Name	Andrew J Pinder			Father's Birthplace	Md
Mother's Maiden Name	1/1 Stark			Mother's Birthplace	Md
Name of person giving information	Husband			How related to deceased	

CAUSES OF DEATH

79

Primary	Natural regeneration		
Immediate	Cardiac insufficiency due to		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		STG Sam pos	2 yrs
		Address	2 mths
Accident or Suicide?	No	Chesapeake	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	75		
Occupation	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name	Richard Carroll				
Mother's Maiden Name	Dorothy				
Name of person giving Information	Fred & Christy				

CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary

Asthma

1 yr.

Immediate

Asthma

1 yr.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. A. Ritchie  
Middletown  
Del

Accident or Suicide?



Name  
in  
Full

William Darrell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Died at	Millington		Kent		
Date of death	Month	Day	Years	Months	Days
1908	March	14	About 60		
Sex	Male	Color or Race	White	Birth-place	Delaware
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name	Henry Darrell		Father's Birthplace	Delaware	
Mother's Maiden Name	Annie Robison		Mother's Birthplace	Delaware	
Name of person giving Information	William Darrell.		How related to deceased	Son	

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Lobar Pneumonia*

How long *Six days*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*N.W. Jeter M.D.*

Address

*Millington.*

*Md.*

Accident or Suicide?



Name  
in  
Full

Sam'l. H. Frisby.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908.	March	21	Age	2	-	
Sex	Male.	Color or Race	Black.	Birth-place	Chesapeake Md.	
Occupation	None.	Where Residing if not at place of death				
Married, Single or Widowed	✓	Name of Wife or Husband	✓	Father's Birthplace	Kent Co Md.	
Father's Name	Sam'l Frisby			Mother's Birthplace	Ken. & C. Md.	
Mother's Maiden Name	Harriet Starling			How related to deceased	Father	
Name of person giving information	Sam'l. Frisby			93	How long	

CAUSES OF DEATH

Primary

Thinning

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

John Donisthorpe

Name  
in  
Full

William Tappley George

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Mar	Day 38	Years 76	Months 10	Days 25
Sex	Male	Color or Race	White	Birth-place	Virginia	
Occupation	waterman	Where Residing if not at place of death			at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth George			
Father's Name	Michael George			Father's Birthplace	Virginia	
Mother's Maiden Name	Elizabeth Wilder			Mother's Birthplace	Virginia	
Name of person giving information	Elizabeth George			How related to deceased	wife	

CAUSES OF DEATH

179

How long

18 month

How long

2 days

PHYSICIAN  
OR CORONER

Primary

General debility

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

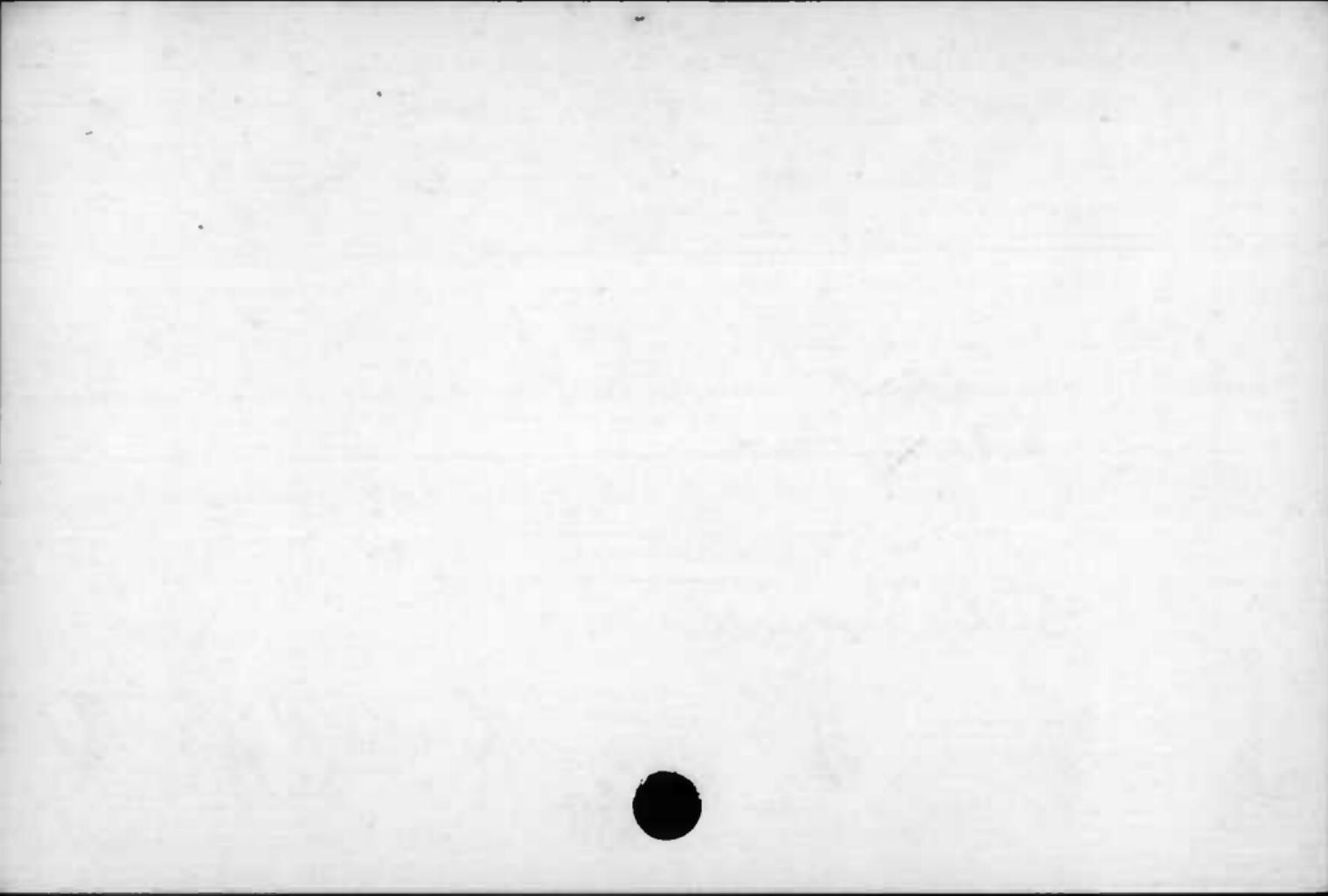
Yes

Signature of Physician

Address

Walter Tappley Mol  
Rock Hall, Md.

Accident or Suicide?



Name  
in  
Full

Still Born Infant

Hackett  
County  
Kent

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dear Syrup</u>		Town	Hackett		County Kent		MARYLAND	
Date of death <u>1909</u>	Month <u>Mar</u>	Day <u>26</u>	Years <u>—</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>							
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>Samuel W. Hackett</u>	Father's Birthplace <u>md</u>							
Mother's Maiden Name <u>Irene Ringold</u>	Mother's Birthplace <u>md</u>							
Name of person giving information <u>Hackett</u>	How related to deceased <u>father</u>							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

(5)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

Lewis P. Atwell, M.D.  
Still Pond,  
Md.

Accident or Suicide?

50  
Sovintēs. Ūkuveli.

Name  
in  
Full

Ernest Bell Jones

CERTIFICATE OF DEATH

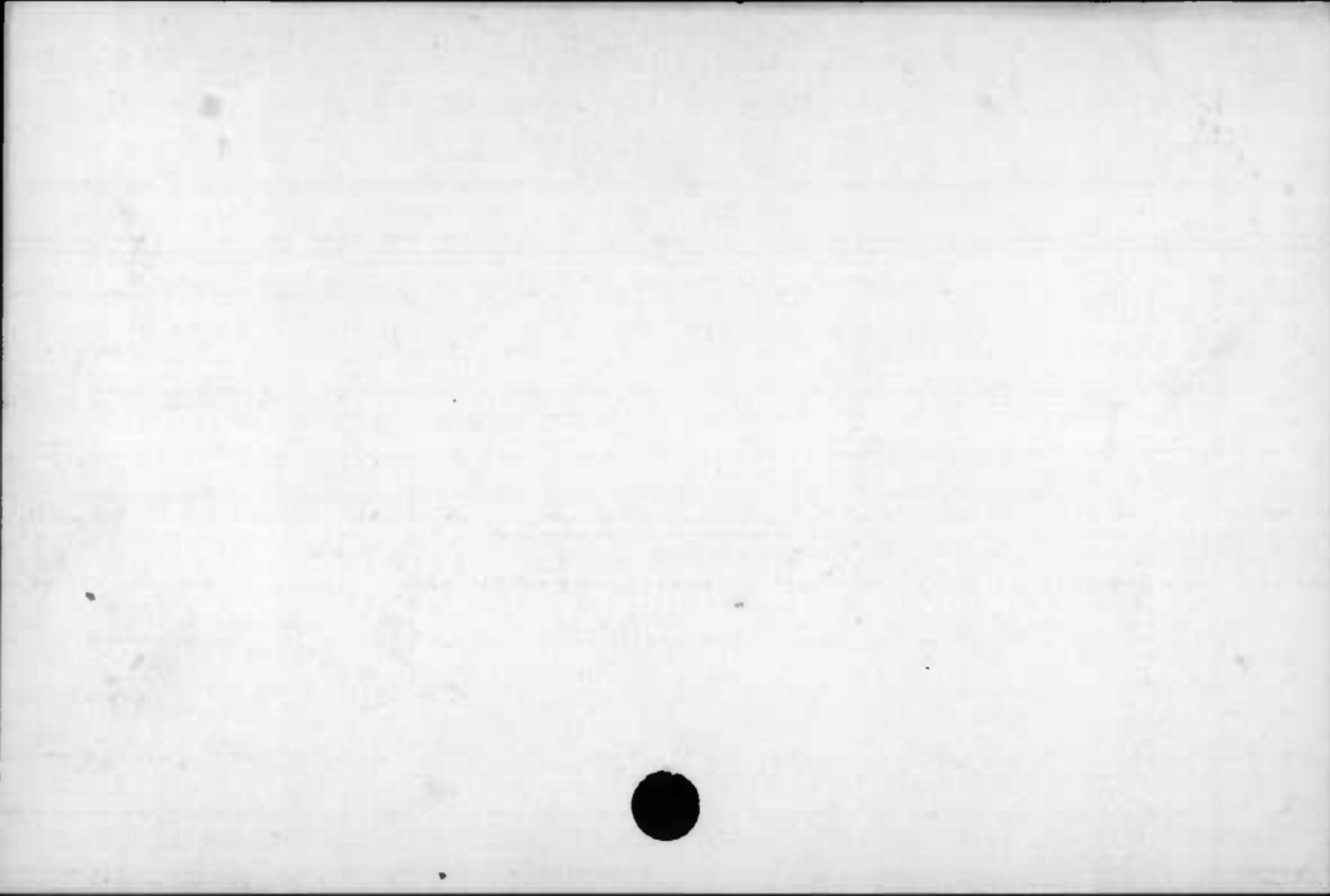
To BE ANSWERED BY  
NEAREST FRIEND

Died <del>Mar. 1908</del> Town		County		MARYLAND	
Date of death 1908	Month March	Day 1st	Years 50	Months 11	Days 2
Sex male	Color or Race white	Birth-place 2nd			
Occupation <del>work</del>	Where Residing if not at place of death				
Married, Single or Widowed <del>W.</del>	Name of Wife or Husband <del>James Alfred Jones</del>	Father's Birthplace <del>Southbury</del>			
Father's Name <del>John R. Brown</del>	Mother's Birthplace <del>Southbury</del>				
Mother's Maiden Name <del>Sarah E. Colquitt</del>	How related to deceased <del>Step</del>				
Name of person giving information <del>William Jones</del>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <del>Diabetes Mellitus</del>	How long <del>29 11</del>
Immediate <del>Gastric Hemorrhage</del>	How long <del>1 44</del>
Are the name, age, sex, color, date and place correctly given above? <del>Yes</del>	Signature of Physician <del>Frank W. Smith</del>
	Address <del>Southbury, Conn.</del>
Accident or Suicide? <del>2nd</del>	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Juris Jones

Town

Locust-Groov

County

St. Louis

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death

Month

1908 Mar

Day

9

Years

about 60 yrs.

Months

Days

Sex

male

Color or  
Race

black

Birth-  
place

Maryland

Occupation

Farm laborer

Where Residing if not  
at place of death

Married, ~~S~~ or  
Widowed

Name of Wife or  
Husband

Annie Jones

Father's  
Name

Not known

Father's  
Birthplace

Not known

Mother's  
Maiden Name

Not known

Mother's  
Birthplace

Not known

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Cerebral Aporplexy.

64

How long

6 hours

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

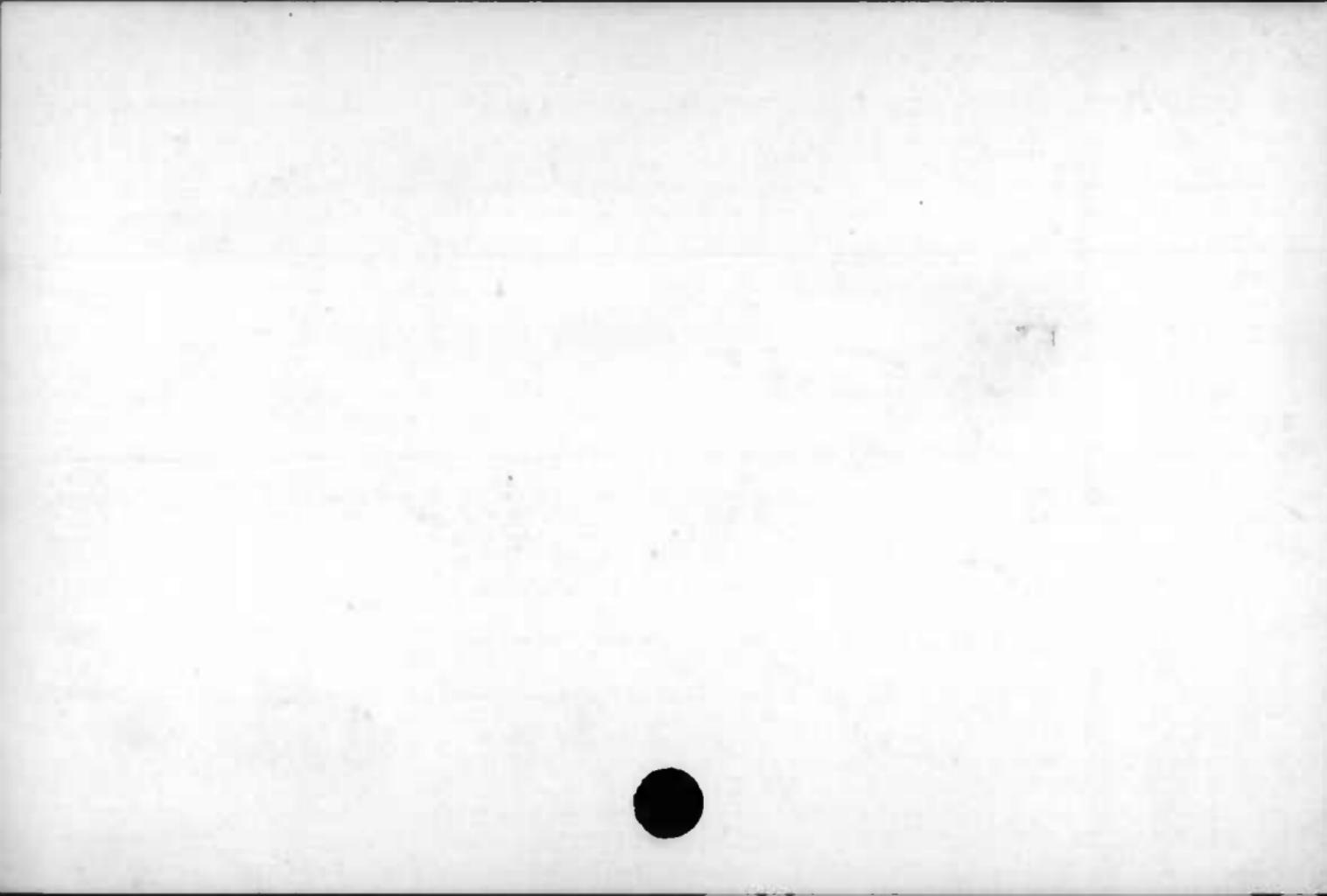
Signature of  
Physician

Address

S. S. Darrow

Kennedyville  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John Leigh

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Mar	Day 29	Age 73	Years	Months —
Sex	Male	Color or Race	white	Birth-place	England	
Occupation	retired	Where Residing if not at place of death			—	
Married, Single or Widowed	married	Name of Wife or Husband	Oelia Turner		Father's Birthplace	—
Father's Name	Unknown				Mother's Birthplace	—
Mother's Maiden Name	Unknown				How related to deceased	Son in law.
Name of person giving Information	John Boone				31	How long

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bright's disease + Tuberculosis

Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Finley  
Betterton  
Kent Co.

Accident or Suicide?

Still Pond

Name  
in  
Full

John G. Newcomb

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Still Pond</u>		Town <u>Kent</u> County <u>Kent</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Mar.</u>	Day <u>9</u>	Age <u>72</u>	Years <u>72</u>	Months <u>2</u>	Days <u>1</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>U.S.</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Matilda Reed</u>					
Father's Name <u>John Newcomb</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Henetta Hilton</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Elsworth Newcomb</u>	How related to deceased <u>Son</u>					

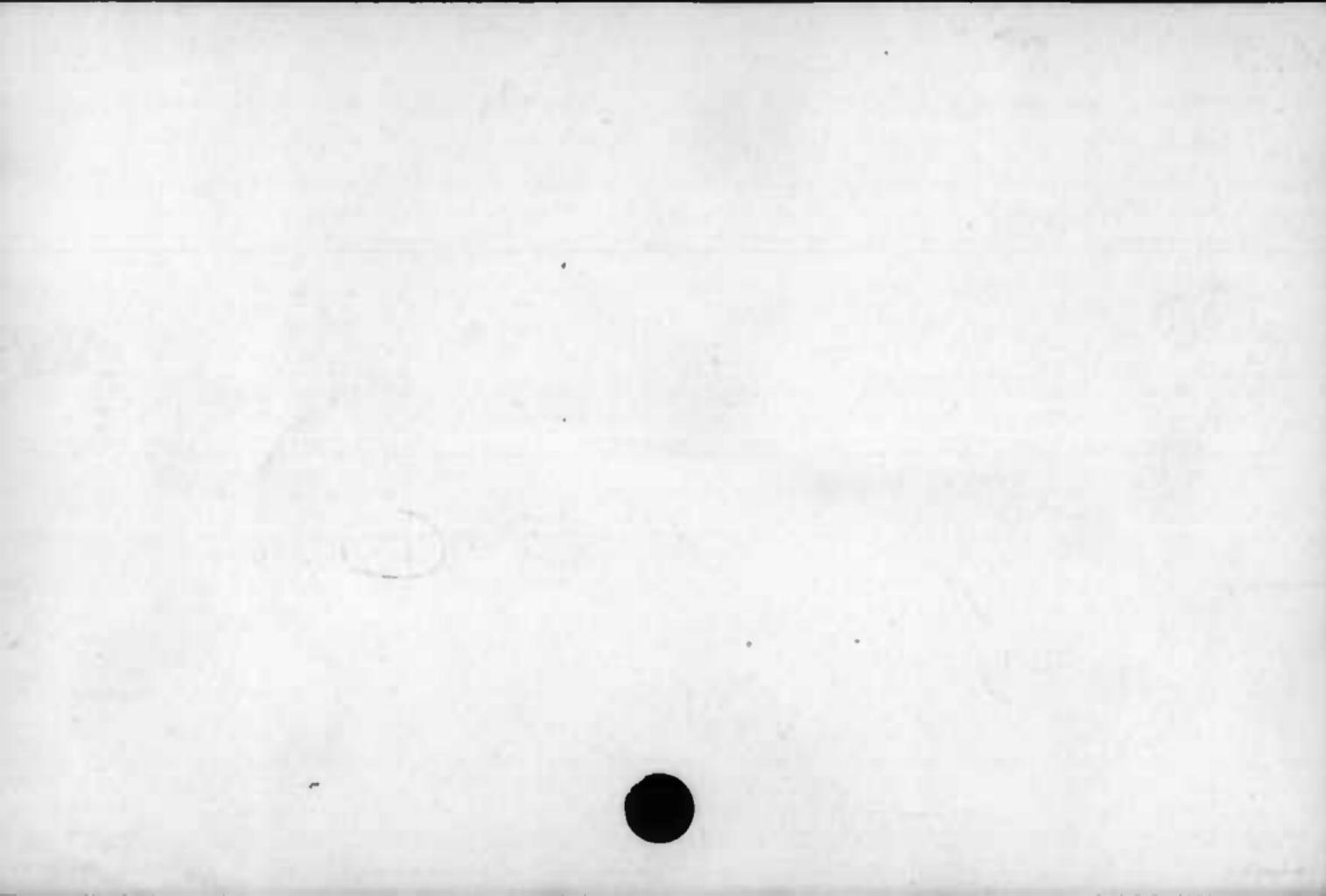
CAUSES OF DEATH

(10)

Primary <u>Chronic Bronchitis</u>	How long <u>12 years</u>
Immediate <u>Scarifice &amp; Weak heart</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H.B. Summar</u>
yes	Address <u>Chestertown</u>

PHYSICIAN  
OR CORONER

Accident or Suicide? No



Name  
in  
Full

Harriet A. King sold

## CERTIFICATE OF DEATH

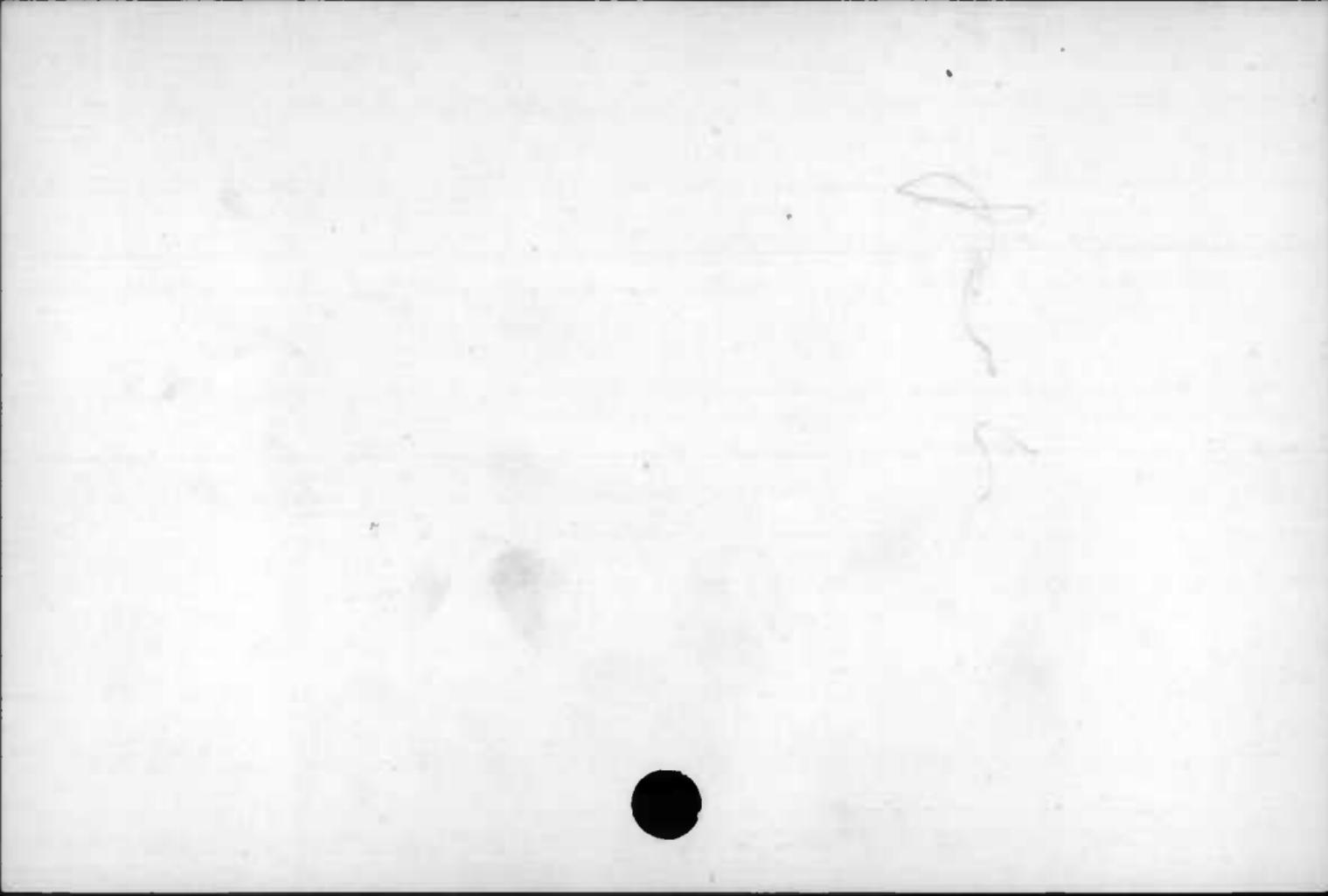
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	68			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Robt King sold				
Father's Name	Aaron Brown					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving Information	Levi Redding					How related to deceased

## CAUSES OF DEATH

79

PHYSICIAN OR CORONER	Primary	Mental Degeneration	How long	3 months
	Immediate	Dilatation without compensation	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T. G. Impens	
		Address	Chesterlown Md	
Accident or Suicide?		No		



Name  
In  
Full

Lula Summons

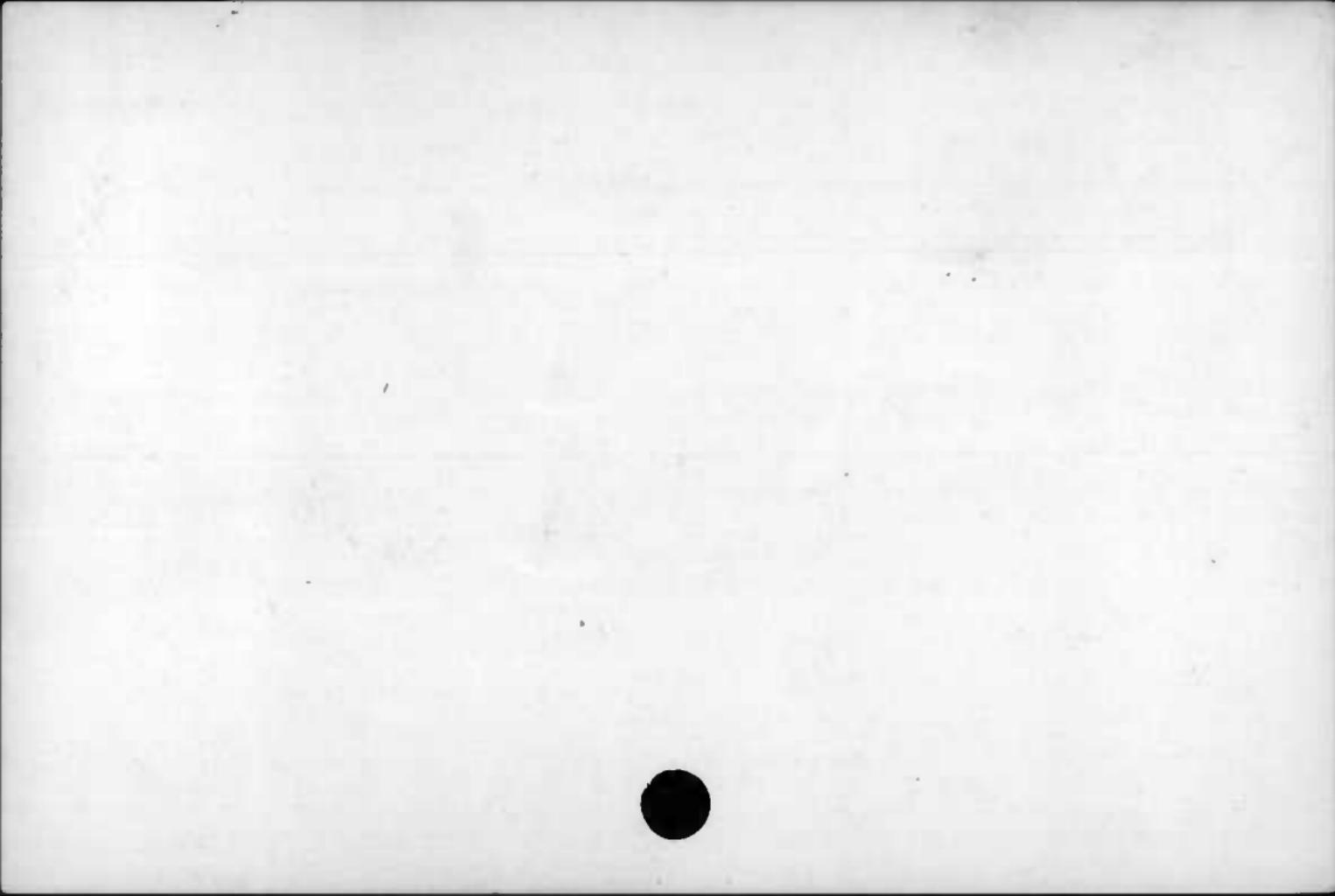
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at 1908	New Berlin	Kent				
Date of death	Month	Day	Years	Months	Days	
	March	3	19	11	26	
Sex	Female	Color or Race	Black	Birth-place	Kent Co. Md	
Occupation	Housewife		Where Residing if not at place of death	New Berlin		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Isaac Summons		Father's Birthplace	Canada		
Mother's Maiden Name	Maggie Brown		Mother's Birthplace	Kent Co. Md		
Name of person giving Information	Isaac Summons		How related to deceased	Father		

CAUSES OF DEATH

Primary	Typhoid Fever		How long	3 weeks
Immediate	Internal Hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Edward Scott	
		Address	Berlin, Md.	
Accident or Suicide?	No			



Name  
in  
Full

James Folk Sutton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Worton

Town

County Kent

MARYLAND

Date of death 1908 Mar

Month

29 Day

Years 63

Months

Days

Sex male

Color or Race

White

Birth-place

Md

Occupation

Machine

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or Husband

Mary Robinson

Father's Name

John Sutton

Father's Birthplace

Md

Mother's Maiden Name

Unknown

Mother's Birthplace

Port Linn

Name of person giving information

John Sutton

How related to deceased

son

## CAUSES OF DEATH

120

How long do not know -  
only knew patient/wk

How long

one wwk.

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

Immediate

Bright's Disease

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. Bringe Simmons  
Chestertown Md

Address

Accident or Suicide?

No

Still Found

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James S. Thompson

Town

Died at Chesertown

County

Kent

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1908

Month

March

Day

21

Years

Age 94

Months

Days

Sex

male

Color or  
Race

White

Birth-  
place

Md

Occupation

None

Where Raiding if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Martha A. Ashley

Father's  
Birthplace

Unknown

Father's  
Name

Wm. Thomas Thompson

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Wm. C. A. Thompson

How related  
to deceased

Son

CAUSES OF DEATH

154

How long

several years

How long

minutes

Primary

Old Age

Immediate

Cardiac failure

Signature of  
Physician

Address

H. T. Simpers

Chesertown

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

No



Name  
in  
Full

James H. Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Chestertown	Wicomico			
Date of death	1908	Month Mar	Day 21	Years 94	Month	Day
Sex	Male	Color or Race	White		Birth-place	Bed
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Martha A. Ashley			
Father's Name	Wm Thomas Thompson			Father's Birthplace		
Mother's Maiden Name	Unknown			Mother's Birthplace		
Name of person giving Information	How related to deceased					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Old age

How long

several years

Immediate

Cardiac failure

How long

several minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. G. Summers

Chestertown

Accident or Suicide



Name  
in  
Full

Mr. Thomas James Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bonney Neck</u>		County <u>Kent.</u>		MARYLAND		
Date of death <u>1908. March.</u>	Month <u>March.</u>	Day <u>15</u>	Years <u>80</u>	Months <u>1</u>	Days <u>9</u>	
Sex <u>Male.</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co. Md.</u>				
Occupation <u>Farmer.</u>	Where Residing if not at place of death <u>5</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Vickers</u>					
Father's Name <u>Tho. James Vickers</u>	Father's Birthplace <u>Kent Co. Md.</u>					
Mother's Maiden Name <u>Mariah Merritt</u>	Mother's Birthplace <u>Kent Co. Md.</u>					
Name of person giving information <u>Charles Vickers</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

64

How long

How long

4 yrs

no hours

Primary

Paralysis

Immediate

epilepsy

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. Whalan  
Kesterton and

PHYSICIAN  
OR CORONER

Accident or Suicide?

St-Pauls Cemetery

John N. Dodd

Undertaker

Name  
in  
Full

Harrison Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at near Millington Deerfield County

MARYLAND

Date of death 1908 Month 3 Day 16 Years Age 22 Months 8 Days 8

Sex Male Color or Race Black

Birth-place

Maryland

Occupation Barn hand Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of wife of  
Husband

Father's  
Name

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Maryland

Name of person giving  
Information

Mother's  
Birthplace

Maryland

How related  
to deceased

Primary

CAUSES OF DEATH

27

about 2 yrs

Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. W. H. Jacobs  
Millington Ind

Accident or Suicide?

PHYSICIAN  
OR CORONER

To Bury at Chestonlee  
undertaker Brattly 78 Park  
Compton 2nd

Name  
in  
Full

Still Born Infant Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Still Pond

Town

County

Kent

MARYLAND

Date of death 1908 Month Mar Day 22 Age — Years — Months — Days —

Sex Male

Color or Race

Black

Birth-place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James Wilson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Ellen Redding

Mother's  
Birthplace

Md

Name of person giving  
Information

Alex Redding

How related  
to deceased

Grandfather

CAUSES OF DEATH

(S)

How long

Primary

Still Born.

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes,

Signature of  
Physician

Address

W. S. Maxwell.

Still Pond, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Still Pond